

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 50 / 56

☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

McCollum for Congress

Full Name (Last, First, Middle Initial)

**A.** Angie Paccione for Congress

Mailing Address PO Box 1292

City Fort Collins State CO Zip Code 80522

Purpose of Disbursement  
candidate contribution

Candidate Name  
Angie Paccione

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: D3639

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B.** Bruce Braley for Congress

Mailing Address PO Box 390

City Waterloo State IA Zip Code 50704

Purpose of Disbursement  
contribution

Candidate Name  
Bruce Braley

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Transaction ID: D3643

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C.** Chris Carney for Congress

Mailing Address PO Box A

City Clarks Summit State PA Zip Code 18411

Purpose of Disbursement  
contribution

Candidate Name  
Chris Carney

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: D3650

Date of Disbursement

10 / 19 / 2006

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....